ORGANIZATION ACTION	DATE (yyyy/mm/dd)	WING CONTROL #	CHARTER NUMBER (example SER AL 001)

ACTIVATION – Please complete All	DEACTIVATION
☐ Request Charter I agree to operate the unit in compliance with the purposes and objectives of the Civil Air Patrol as set out in its charter, Constitution, Bylaws, and other directives and authorize the inclusion of this unit in the Civil Air Patrol roster of units for which it annually makes application for group exemption from Federal income taxes _____ Signature of Unit Commander	☐ The above unit is deactivated for the reason outlined in Comments below. Remaining members are to be transferred to charter number _____ By signature of this form below, I certify that there has been a proper accounting CAPR 173-1. I also certify that any real property (land, Buildings) has been properly transferred and equipment and supplies inventoried and transferred as evidenced by CAP Forms 37.

UNIT CHANGES
☐ Commander   ☐ Meeting Place   ☐ Unit Name   ☐ Mailing Address   ☐ Meeting Time / Day   ☐ Other

COMPLETE APPLICABLE ITEMS ONLY (PLEASE PRINT)

UNIT NAME

UNIT NAME CHANGE

DESIGNATION or REDESIGNATION   ☐ Cadet   ☐ Senior   ☐ Composite   ☐ Flight

Unit Commander (Last Name-First Name-Middle Initial)	CAPID

Commanders E-Mail Address

Commanders Home Phone ( ) -	Commanders Cell Phone ( ) -	Commanders Work Phone ( ) - Ext	OK to call at Work Yes ☐ No ☐

Unit Mailing Address (Number and Street)	Address 2

City	State	Zip + 4 -

Unit Meeting Address	Address 2

City	State	Zip + 4 -

Meeting Day	Meeting Time-24 hour	Weekly meetings (If no please use comment area for days) Yes ☐ No ☐	Unit Phone Number ( ) - Ext

Unit URL

Unit Recruiting Contact Person (if different from commander) Last Name, First Name, MI	CAPID	Home Phone ( ) -

Contact Cell Phone ( ) -	Contact E-Mail

Comments

Signature of person completing form	Date	Signature of Wing Commander (or Vice Commander)	Date

CAP FORM 27, OCT 03   PREVIOUS EDITION MAY NOT BE USED AFTER 31 JAN 04   OPR/ROUTING: LMM